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1	CALEMI VE	PLICA	TION FEE	DETERMIN	ATION D	ection of Infor	nation unla	OC U.S. DEPAR	PTO/SE/O 31/2006, OMB ON TMENT OF COA 2014 OMB CONT-
	PATENT AP	8	ubstitute for	Form PTO-876	WIION KE	CORD	·	Application as	Doglost Number
1								CP,CH	199 COL NUMBER
	OCT-11(A)	(Column	LED - PAR						2LBO
		(Column	11)	(Column 2)	•	SMALL EN	DDD.	. :	OTHER THAI
BASIC FEE		WHER F	TUED .	NUMBER EXTR		-110 (07 514)		OR .	SMALL ENTIL
(37 OFR 1.16(a))				WOWDEN EXTR		RATE	FEE		
FOTAL CLAIMS (37 CFR 1.16(c))			`				85.00	<u> </u>	ATE R
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(37 CFR 1.16(b))	- Cumo	entr	us 3 = .					OR X	
MULTIPLE DERE	NDENT CLAIM PRI				x st	00-			
			(17 CFR 1.1	6(d))		80.		OR X 82	<u>∞</u> . .
" If the difference	in column 1 is les	si than wa			——————————————————————————————————————	00°		OR +8	60
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Inlail	CLAIMS AS	MEND	ED – PART	· u				OR 101	TAL !
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7	(Column 1)		(Cotum	in 2) (Column	3) ~.				
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Fotal Growt Liefel	AFTER AMENDMEN	1	NUMBE PREVIOU	SLY FYTRA	T RA	TE AD	0. 7	ı ı	
Total (a) CAT CATE 1.16(d)	-	Klin	PAD FO	DR'	_	TIC	VAL .	RATI] vn nt
Independent (SF CFR 1.16(b))	·\/	4	_ Å r ∧.	-	1 2 3		-	<u> </u>	TIONAL
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FIRST PRESE	NTATION OF MULTI	L 5 5 5 5 5 5			X1/C	100			-
	THE REPORTS	TEDERE	DENT CLAIM (37 OFR 1.16(d)	1.10	n T	01		
•		•			TOTAL	<u></u>	OF	+Block	3 •
	(Column 1)				ADOLF	BE	OR	ADD'L FE	
m .	CLAMS	7	(Cotumn		<u>):</u>			WOLFE	E
Ξ.	REMAINING AFTER	ŀ	NUMBER	PRESENT			_		
Total	AMENDMENT		PREVIOUS PAID FOR	LY EXTRA	RATE	ADDI		RATE	anni.
S (ST OFR LINGS)		Minus	-	-	11-00	- ABE			TIONAL
for OFR 1.160-11	•	Minus	-] [25	1.		E	- FEE
2	L				× 100		OR	×150	
FRET PRESENT	ATION OF MULTIPL	E DEPEND	ENT CLAW in	CED 4 404 mi	1 15100		OR	1× 200	1
.:			Total And	जार । मह्या	1 43/40) .	OR	+:300	
•		•			ADD'L FEE		7 "	TOTAL	
Ţ	(Calumn 1-)		(Calumn 2)	(Cul		· L	OR	ADD'L FEE	1 . 1
1 1	CLAIMS REMAINING		HIGHEST	1-240,010					-
Total (ST CRR 1.16(d)) Independent (ST CRR 1.16(b))	AFTER		NUMBER PREVIOUSLY	PRESENT	RATE	inn	7		
Total	AMENDMENT		PAID FOR	EXTRA		TIONAL	1	RATE	ADDI
CAT CAR 1.16(a)	·	Minus	••	=	AS	FEE	4		TIONAL FEE
Independent (37 CFR 1.16(b))	•	Minus .	***	 	x125	.1	OR	×1.50	166
Emore	<u>l</u>		<u> </u>	1 1	× 100		7 ~		
TWO PRESENTA	TION OF MULTIPLE	DEPENDE	IT CLAIM (87 C	FR.1.16(d)	1/16	-	OR .	×2001	
•	•				+1/4O		OR	+:260	
's if the entry in color if the "Highest No " If the "Highest No	umn 1 is lace ibaa	lha a===================================			ADD'L FEE		1 '	TOTAL	
"If the "Highest No	Imper Proviously	ala Blitili (n column.2, Ani	le "O"do column 3 is less than 20, e is less than 3, ent	CHILD THE		OR	ADD'L FEE	- 1

The Highest Number Previously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Offices, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS